



ILLINOIS

George H. Ryan, Governor

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

Michael S. Schwartz, Director

MEMORANDUM

TO: Telecommunications Coordinators

FROM: Frank Cavallaro, Manager *F.C.*
Bureau of Communication and Computer Service

DATE: July 5, 2000

SUBJECT: New Communications Revolving Fund Invoice

Attached is a sample of the new agency billing invoice which will accompany your July Communications Revolving Fund billings, replacing the multi-part C-13 currently in use (also attached for reference). This new form will be printed as a part of your telecommunications billing detail, eliminating manual matching of detail to invoice. As the attachment illustrates, the information contained in the body listing total charges by agency account remains the same.

If you have any questions regarding use of this form, please contact our billing help desk at (217) 524-9369.

FC:dw

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
COMMUNICATIONS REVOLVING FUND
BILLING INVOICE

FY 2001

CUSTOMER:

REMIT PAYMENT TO:

DEPARTMENT OF YOUR AGENCY NAME
 BILLING ADDRESS FOR AGENCY ACCOUNT
 P.O. BOX 99999
 SPRINGFIELD, ILLINOIS 62706-4100

COMMUNICATIONS REVOLVING FUND
 CENTRAL MANAGEMENT SERVICES
 520 STRATTON OFFICE BUILDING
 SPRINGFIELD, ILLINOIS 62706-4100

BILLING ACCOUNT #: T41655.00

BILLING DATE : 07/20/00

INVOICE # : T0021421

GUC # : 100041655

<u>DESC. OF ARTICLE OR SERVICES PERFORMED</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
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COMMUNICATION CHARGES FOR
 ACCOUNT T41655.00, AS FOLLOWS

SPF VOICE SVCS 4165501B01	07/01/2000	00.00	\$5411.10
COMM SVCS STWD_ 4165501A01	07/01/2000	00.00	\$ 485.66

LESS ADJUSTMENTS:

<u>EXP. OBJ.</u>	<u>EXP. AMOUNT</u>
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<u>SUBTOTAL</u>	\$5,896.76
<u>ADJUSTMENTS</u>	\$00.00

<u>TOTAL EXP.</u>	\$5,896.76
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<u>TOTAL AMOUNT</u>	\$5,896.76
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PLEASE REFERENCE BILLING # T41655.00 & INVOICE # T0021421 WHEN PAYING.

PLEASE DIRECT REQUESTS FOR COPIES OF INVOICES OR BILLING DETAIL TO CRF ACCOUNTING UNIT AT (217) 785-1919.
 QUESTIONS REGARDING VALIDITY OR NATURE OF CHARGES OR CREDITS, PLEASE CALL CRF BILLING HELP DESK AT (217) 524-9369

STATE OF ILLINOIS

Invoice Voucher

The preparation instructions for vendors are on the back of the last copy.

Dept of Your Agency Name
Billing Address for Agency Account
P.O. Box 99999

T41655.00

VENDOR AND STATE AGENCY SEE IMPORTANT INSTRUCTIONS ON BACK OF COPIES 6 AND 7 FOR COMPLETION OF BOX 3

PAYMENT OF INTEREST MAY BE AVAILABLE IF THE STATE FAILS TO COMPLY WITH THE STATE PROMPT PAYMENT ACT, 30 ILCS 540.

Disposition of Copies
1-Comptroller
2-Agency
3-Agency
4-Remittance Copy
5-Agency
6-Agency
7-Retained
by Vendor

City and Location of State Agency or Institution
Springfield, IL 62706-4100

2. Taxpayer Identification Number 100041655
2a. TIN Type
Important See instructions on back of page 7 for completion of boxes 2 and 2a.

3. Vendor or Payee
LAST NAME FIRST NAME MIDDLE INITIAL
OR BUSINESS NAME
COMMUNICATIONS REVOLVING FUND
CENTRAL MANAGEMENT SERVICES
520 STRATTON OFFICE BUILDING
SPRINGFIELD IL 62706-4100

4. Voucher No.
5. Voucher Date
6. Appropriation Account Code
7. Invoice Number T0021421
8. Invoice Date 07/20/2000

Give Complete Description of Articles/Services Rendered or Attach Itemized Vendor Invoice		11. Quantity	12. Units	13. Unit Price	14. Amount
COMMUNICATIONS CHARGES FOR ACCOUNT T41655.00, AS FOLLOWS					
SPF VOICE SVCS 4165501B01		07/01/2000	0.00		\$5,411.10
COMM SVCS STWD - 4165501A01		07/01/2000	0.00		\$485.66

Exp. Obj.	19. Exp. Amount	Comp Use Only	22. Obligation No.	23. F	24. Payment Amount	15. Subtotal	16. Discount/Deduction	17. Total Amount
						5,896.76		
Total Exp.	0.00		25. Total Payment Amount		0.00			5,896.76

For Agency Use Only
Approved for Payment
Receiving Officer Date Clerk
Head of Unit or Authorized Agent Date

Certification of Receiving Agency
I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation', approved April 16, 1969, as amended, have been met.
(Date) Agency Head (Signature)